

Child Death Review State Committee Recommendations on

# Child Firearm Death Prevention

December 2003





## **Washington State Child Death Review State Committee Recommendations**

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Improving the health and safety of all our children ...

This report makes recommendations for prevention of firearms deaths to children. It is the third in a series of reports on prevention of fatal injuries in childhood. Data used in the reports comes from community-based multi-disciplinary team reviews of deaths to children in Washington State. An average of 765 Washington State children die each year. Hundreds of these deaths could be prevented through the implementation of statewide and local prevention strategies.

In an effort to inform this important prevention work, Washington State created the Child Death Review (CDR) program. Local Child Death Review teams throughout the state review the circumstances behind unexpected deaths of children birth to eighteen and recommend ways to prevent such deaths in the future. More than 400 volunteer experts – from a range of backgrounds in healthcare, social services, law enforcement and government – serve on the community-based teams. This information is collected by the Department of Health (DOH). The result is a body of data on which this report is based. This report is based on information from reviews of child deaths that occurred between 1999 and 2001.

The Washington State Child Death Review Committee, co-chaired by DOH and the Department of Social and Health services (DSHS), reviews data gathered by local teams to identify trends and prevention strategies for the entire state. For this report, the committee thoughtfully considered the information from reviews of child firearms deaths that occurred between 1999 and 2001. Workgroups made up of committee members and other experts identified data trends, reviewed literature and scanned existing prevention activities. The results of their effort are the statewide prevention recommendations described in this report. The recommendations are intentionally directed at a broad range of agencies and organizations as well as the public. A multi-directional approach is needed if we are to reduce the incidence of firearms deaths among Washington's children.

Based on this information, the CDR State Committee makes the recommendations on the pages that follow. The committee encourages all stakeholders – including parents and caregivers, legislators, healthcare leaders, community organizations,

law enforcement and media to help implement these recommendations. By working together we can improve the health and safety of all our children.

Other reports in this series:

*For All Our Children: Preventing SIDS and Motor Vehicle Crash Deaths.* March 2003

*Washington State Child Death Review Program Progress Report.* May 2001

## Child Death Review State Committee

### Key Recommendations:

1. **Eliminate Easy Access to Guns for Children of All Ages (0-17)**  
Lock up guns to protect children and adolescents.
2. **Explore Barriers to Enforcing Laws Regarding Illegal Possession of Firearms.**
3. **Identify and Support Children and Families at Risk of Firearm Violence**  
Promote distribution of information about risk factors related to child and family violence; develop and use programs that support children and teens after school hours; educate teens about managing life stresses and developing healthy options; and provide effective support services where children are present .
4. **Further Expand Our Understanding of How to Prevent Child Firearm Deaths**  
Include agencies specializing in public mental health and domestic violence on local CDR teams; collect more complete data regarding circumstances of child firearm deaths.

## Background

From 1999 through 2001 there were 65 firearm-related deaths among Washington children ages 0-17 years. Another 69 children were hospitalized for nonfatal firearm injuries during that same time period.<sup>1</sup> Firearms are the second leading cause of injury deaths for children ages 0-17 nationally and the fourth leading cause of injury death for Washington children.<sup>1,2</sup>

Based on data from the Behavioral Risk Factor Surveillance System (BRFSS) from 2000, an estimated 562,700 Washington children live in a household with a gun while 27,000 live in a household with an unlocked and loaded gun.<sup>3</sup>

In an effort to prevent future child firearm-related deaths in Washington, the Child Death Review State Committee initiated an analysis of the circumstances surrounding these deaths. The Committee reviewed data from local Child Death Review (CDR) teams which reviewed 60 of the 65 child firearm-related deaths (ages 0-17) that occurred in Washington from 1999 through 2001.<sup>4</sup> The Committee found that suicides and homicides accounted for 92% of firearm deaths in this age group.<sup>5</sup>

**Table 1: Firearm Deaths Reviewed by Local CDR Teams by Manner of Death, 1999-2001**

	N	%
<b>Suicide</b>	29	49
<b>Homicide</b>	25	42
<b>Unintentional</b>	4	7
<b>Undetermined</b>	1	2

Firearms were the number one method used by children and teens to commit suicide, accounting for 45% of youth suicides in Washington between 1999-2001.<sup>5</sup>

The CDR State Committee evaluated data from the local team reviews and considered strategies for preventing firearms-related child deaths in Washington. The CDR State Committee recognizes that child violence and suicide are issues of national concern, and a great deal of research and expertise has developed in these areas. CDR data has provided us with specific information about the needs of Washington children. Based on that data, the Committee identified four recommendations to prevent future firearm deaths of children in our State:

1. Eliminate easy access to guns for children of all ages (0-17).
2. Explore barriers to enforcing laws regarding illegal possession of firearms.
3. Identify and support children and families at risk of firearm violence.
4. Further expand our understanding of how to prevent child firearm deaths.

## **Recommendation #1: Eliminate easy access to guns and ammunition for children of all ages (0-17)**

### **Child Death Review Key Findings:**

Children and teens are using guns they find at home or in the home of friends and relatives to hurt themselves and each other.

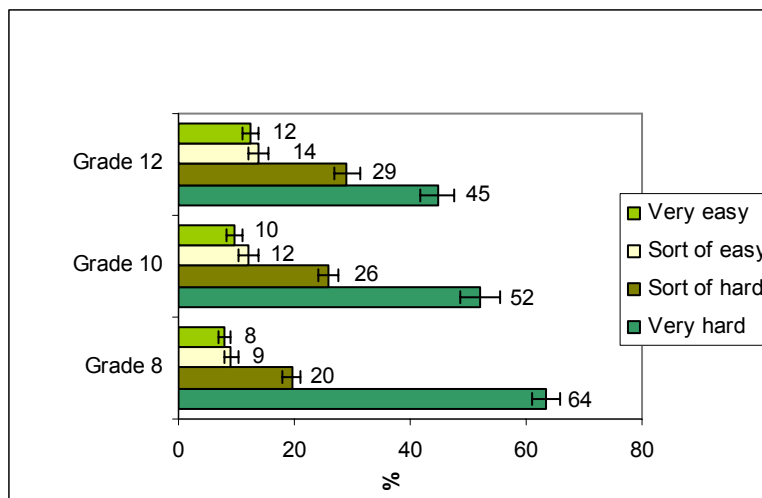
- 93% of the firearm-related suicides occurred in a familiar home (child, friend or relative).
- 73% of the firearm-related suicides occurred in the child's own home.
- Three of the four fatal unintentional shootings reviewed were self-inflicted.
- 75% of the child firearm-related deaths were of youth 15-17 years old.

Easy access to a gun when a crisis exists can be deadly to a child. Access to a gun is considered to be a stand-alone risk factor for suicide.<sup>6</sup> When parents are not available to provide close supervision, guns should not be available. Gun safety training does not address all safety issues for children. Knowledge about proper gun use does not protect children and teens from the emotional and psychological issues associated with suicidal and homicidal behavior.

Based on data from the Washington Healthy Youth Survey, in 2002 an estimated 12% of 12<sup>th</sup> graders, 10% of 10<sup>th</sup> graders, and 8% of 8<sup>th</sup> graders responded they thought it was “very easy” to get a handgun.<sup>7</sup>

Of the child firearm deaths reviewed by CDR, only 7% were unintentional. Sadly, these were young children. Younger children are at risk because their curiosity may lead to dangerous, and deadly outcomes. Children are more likely to play with guns than their parents would believe,<sup>8</sup> and “programs that seek to persuade youth to stay away from guns have not been proven effective.”<sup>9</sup> For this reason, controlling the environment of children is critical in saving lives. In Washington, the Asking Saves Kids (ASK) Campaign encourages caregivers to ask at the homes where children play if there are weapons and how they are secured.<sup>10</sup> The CDR State Committee supports this campaign and the efforts of caregivers to limit children’s access to guns in all environments.

**Figure 1: How Easy is it to get a gun by Grade, Healthy Youth Survey 2002**



A number of medical and other professional organizations recommend practices to prevent child firearm injuries and deaths. According to the American Academy of Child and Adolescent Psychiatry, “the best way to protect children against gun violence is to remove all guns from the home. If guns are in the home, there will always be dangers.”<sup>11</sup> The Safe Storage Coalition at the Harborview Injury Prevention and Research Center has developed one concise set of recommendations consistent with those of national organizations. The CDR State Committee endorses these recommendations:<sup>12</sup>

- Store handguns in a lockbox with push button lock.
- Use trigger locks for rifles and shotguns.
- Understand that teaching children not to touch is NOT enough.
- Keep guns locked and away from children and teens.
- Ask family and friends to use these same safe storage practices.

Professionals who consult with families have an important role to play in promoting the safe storage of firearms. One study found that “family physicians’ brief counsel-

ing efforts made a significant positive impact in the firearm storage habits of their patients. With a verbal or written recommendation, a significant improvement was observed in firearm storage.”<sup>13</sup> The CDR State Committee recommends that professionals ask about firearms and strongly encourage safe storage practices to keep firearms away from children and teens.

Many states have enacted laws to protect children from firearms. These laws impose penalties on firearm owners who leave their weapons easily accessible, resulting in a child gaining access to the firearm. The laws vary in restrictions and penalties, and their impact has been difficult to measure. The CDR State Committee encourages the legislature to follow the research about the impact of these laws when considering new strategies to protect Washington children from firearm-related deaths.

## **Recommendation #2: Explore barriers to enforcing laws about illegal possession of firearms.**

### **Child Death Review Key Findings:**

Many children who die by firearms are exposed to family violence and therefore, may be killed by guns that are not lawfully possessed.

- 28% of the children who died by firearm homicide were exposed to domestic violence, as was one of the children who committed suicide.
- 56% of the children who died by homicide, and four (13%) of those who committed suicide, lived in families who had at one time been investigated by child protection services.

Research has shown that domestic violence and family violence are closely linked. According to some studies, approximately half of those families who experience domestic violence also face issues of child abuse and neglect.<sup>14,15,16,17</sup> Individuals who have been convicted of misdemeanor domestic violence are, along with those in a number of other legal categories, not permitted to possess a firearm.

It is not known whether any of the guns involved in the child deaths reviewed by CDR teams were owned illegally. However, the CDR State Committee is concerned that children who live in homes where violence occurs and firearms are stored may be at greater risk of dying by homicide or suicide.

Removing firearms from homes where they are possessed illegally can reduce child firearm deaths. Routine data base checks by law enforcement, during an initial inves-



tigation at a family violence scene, can reveal the possible presence of a firearm and any firearms prohibitions that are in place with respect to the involved adults.

Firearms that are possessed illegally are rarely seized by law enforcement unless they are directly involved in an immediate crime. Law enforcement face obstacles in accomplishing such preventive tasks, including limited storage space, legal issues related to removing personal property from a home, and limitations in training about the implications of federal and state laws. The CDR State Committee supports law enforcement in their efforts to review and address the barriers to securing guns held by individuals who have, through their violent acts, lost their legal right to possess firearms.

### **Recommendation #3: Identify and support children and families at risk of firearm violence.**

#### **Child Death Review Key Findings:**

As described in Recommendation #2, many children who died by firearms lived in families with histories of domestic violence and child abuse. Many children also presented with other factors that indicated a need for additional support.

- Of the children and youth who committed suicide:
  - 40% had received public or private mental health services.
  - 10% had a previous suicide attempt.
  - 33% recently spoke of suicidal thoughts.
  - 43% experienced a recent life crisis.
  - 27% were impaired by or tested positive for alcohol or illicit drugs.
- The hours directly after school are particularly high risk for child/teen suicide: 48% of child firearm suicides occurred between 3pm and 7pm (see chart on next page).
- 13% of child firearm deaths (3 teen homicides and 5 teen suicides) were said to be related to romantic involvement or interest, or recent breakups.
- Of the children who died from homicide, 44% were impaired by or tested positive for illicit drugs or alcohol.
- Narratives indicate that many of the children and youth, in addition to being under emotional stress, had recent events that occurred during the school day just before the suicide.

Of the CDR firearm deaths reviewed, 48% percent of the child homicide victims were killed by a family member, friend or boyfriend. Children are at risk in homes with guns because of the potential for escalated family violence. According to one study "...keeping a gun in the home was strongly and independently associated with an increased risk of homicide...Virtually all of this risk involved homicide by a family member or intimate acquaintance."<sup>18</sup> Easy access to guns reduces the opportunity to consider alternative solutions to problems and conflict before taking action that results in permanent damage or death.

### **Key Recommendations for Identifying and supporting children and families at risk of firearm violence.**

#### *Promote broad distribution of information about risk factors related to child and family violence.*

Many of these children and teens displayed commonly agreed upon risk factors for suicide and juvenile violence (see Key Findings above). Caregivers, family, and other adults living or working with children should have information about child and teen suicide and violence, dating violence, domestic violence and substance abuse. The Department of Health's Child Profile program uses periodic mailings to Washington parents to promote healthy development of young children, including recognizing risks for injury. The CDR State Committee recommends a similar approach for older children and teens — one that addresses the risk factors for suicide and juvenile violence.

#### *Educate teens about managing life stresses and developing healthy options.*

Teens also need information about signs of trouble and how to get help. Teens need to know how and when to seek out an adult to assist them with their own needs or their concerns about friends and peers. Teens need education from caregivers and other adults about mental health issues, drug and alcohol use, gang activity, family violence and about the warning signs of abusive relationships. They need support and assistance addressing safety issues related to self-harm, threats by others, or situations involving dating an individual who is abusive verbally, physically, and/or sexually. The CDR State Committee recommends that school curricula for all teens include education about these potential challenges and skill development to help teens better manage life stressors and cultivate appropriate help-seeking strategies.

#### *Provide effective support services wherever children are.*

As described above, CDR reviews indicated that many children revealed the need for additional support prior to their death. The CDR State Committee supports

professionals and caregivers who work closely with children and families to assess safety and support needs of these families, and assist them in getting the help they need.

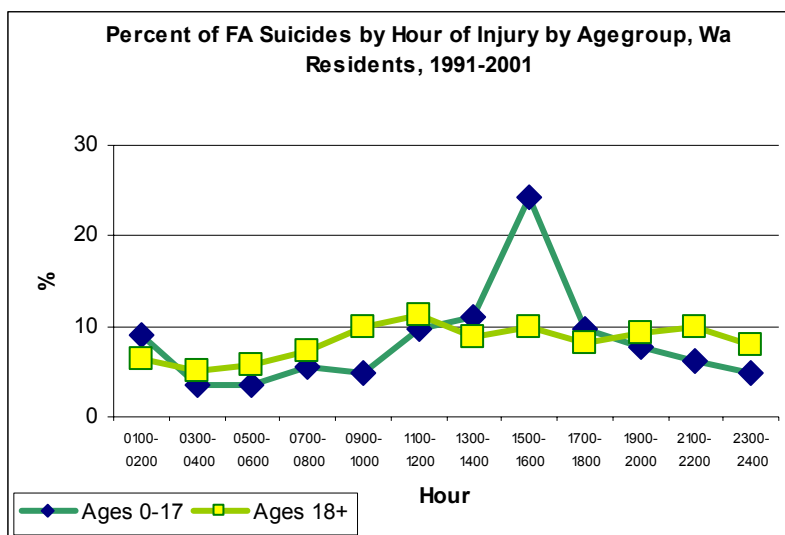
The Committee recommends that support services to children and families be easily accessible in community settings. For example, in FY01 in Washington, 14.9% of children's community mental health services statewide were provided in schools; another 37% were provided in the home and other community settings.<sup>19</sup> The Committee supports these efforts and recommends the continuation and expansion of mental health screening and treatment services in schools and other community sites.

The CDR State Committee recommends that professionals who treat or serve children and families are trained on risk factors regarding child suicide, youth violence, domestic violence, and youth dating violence. Training can offer ideas for appropriate responses to children in trouble, and information about resources available for children and families who need professional assistance. Risk assessment skills are critical for professionals working with families in medical, mental health, law enforcement, pastoral, educational and social service fields in order to pick up on cues indicating imminent danger related to potential violent or suicidal behavior. Additionally, the CDR State Committee recommends that all professional licensing requirements include mandatory training about suicide, youth violence and domestic and family violence.

***Develop and use programs that support children and teens after school.***

Based on data from Washington's Healthy Youth Survey, in 2002, a majority of 8th, 10th, and 12th graders reported they participated in no or only 1-2 hours a week in supervised after school activities.

**Figure 2: Firearm Suicides by Hour of Injury, WA 1999-2001<sup>5</sup>**



**Table 2: In average week, number of hours in supervised after school activity, Healthy Youth Survey, WA 2002<sup>7</sup>**

	Grade 8	Grade 10	Grade 12
<b>None</b>	41% ( $\pm$ 3%)	35% ( $\pm$ 3%)	37% ( $\pm$ 4%)
<b>1-2 hours</b>	25% ( $\pm$ 2%)	21% ( $\pm$ 2%)	19% ( $\pm$ 2%)
<b>3-5 hours</b>	16% ( $\pm$ 1%)	17% ( $\pm$ 2%)	17% ( $\pm$ 2%)
<b>6-10 hours</b>	11% ( $\pm$ 1%)	12 ( $\pm$ 2%)	11% ( $\pm$ 2%)
<b>11 or more hours</b>	8% ( $\pm$ 1%)	14% ( $\pm$ 3%)	16% ( $\pm$ 3%)

These critical findings bring new light to time periods in which children and teens are most vulnerable. Close observation and awareness of children and youth may increase the potential for intervention during critical moments of

conflict or distress, offering opportunities for referral, support and closer supervision of children facing difficult times. After-school activities offer opportunities for youth advancement through exploring positive, fulfilling experiences that further their growth and expand their skills and abilities. The CDR State Committee recommends the development and use of supervised after-school programs for children and teens to increase their access to supportive adults and rewarding activities.

## **Recommendation #4: Further expand our understanding of how to prevent child firearm deaths.**

### **Child Death Review Key Findings:**

There are several areas in which important CDR data were missing.

- Data regarding a history of mental health problems was missing in 45% of the cases in which children committed suicide with firearms.
- Information about whether the gun was locked was missing for 32% of the cases reviewed.
- Information on family violence was missing in 58% of the deaths reviewed.
- History of child abuse was unknown or missing for 66% of the deaths reviewed.
- No data was solicited about whether the firearm was lawfully possessed.

The CDR State Committee commends the local teams in their efforts to involve local participants, gather data regarding child firearm deaths and develop local strategies to prevent child suicide, juvenile violence and family violence. In evaluating data collected statewide, the Committee recognized that important data to enhance community and statewide prevention planning efforts were not available or not collected consistently.

**Key Recommendations to further expand our understanding of how to prevent child firearm deaths:**

*Include agencies specializing in mental health and family violence on local CDR teams.*

Although the CDR process has increased our knowledge about local issues related to child firearm deaths, there is still much more to know. Adjustments to team membership and data collected at the local level would allow for more sophisticated analysis of the precipitants to these deaths, thereby enhancing future recommendations for prevention.

Data regarding the mental health and domestic violence backgrounds of these children and their families is often unknown or not provided to the CDR teams. The CDR State Committee recommends that local CDR teams invite a domestic violence advocate and a representative from the appropriate mental health Regional Support Network to join the CDR team. In addition to potentially enhancing the data, discussions about local preventive strategies would be significantly enriched by adding these perspectives.

*Collect more complete data regarding circumstances of child firearm deaths.*

Adequate data is lacking to clearly understand the role that mental health issues play with regard to these children and families. The local CDR review should document whether the child and family received mental health services, the type of service (inpatient or outpatient, individual, family therapy, medications), and the type of provider (private or public, therapist, psychiatrist, or physician).

CDR data collected should also include information about family violence issues and the legal status of the gun involved in the incident as part of the review process. Data should include:

- History of gang activity.
- History of police response to the home/family.
- History of protection orders.

- History of domestic violence within the family.
- History of criminal activity of persons in the home.

This data is critical in predicting risk factors and developing strategies to prevent child firearm deaths.

## **PRIORITY:**

### **FIREARM-RELATED DEATHS AND INJURIES**

#### **What Can We Do To Prevent Firearm-Related Deaths?**

##### *Parents and Caregivers*

Keep guns and ammunition locked and away from children of all ages (0-17).

Ask about the presence of guns in other homes where children play.

Learn about risk factors related to suicide, juvenile violence family violence, and teen dating violence.

Ensure that children and teens are in supervised, enriching activities in the hours after school.

##### *Educators, Health Providers and Social Service Providers*

Counsel families about safe storage of firearms.

Learn about risk factors related to suicide, juvenile violence family violence, and teen dating violence.

Identify children and families at risk of firearm-related violence.

Make appropriate referrals for these children and families.

Provide education to teens regarding these risk factors.

Provide access to support services for children and families in convenient settings (e.g. school, home).

##### *Law Enforcement*

Learn about risk factors related to suicide, juvenile violence family violence, and teen dating violence.

Make appropriate referrals for these children and families.

Reduce barriers to removing firearms that are possessed illegally.

##### *Legislators / Policymakers*

Follow the impact of Child Access Protection laws in other states in consideration for enactment of similar legislation in Washington.

The Child Death Review State Committee thanks local and state participants of Child Death Review for their work under the leadership of the Department of Health in developing an effective program to gather and analyze information that is valuable in our efforts to prevent unexpected child deaths in Washington. The Committee encourages the State of Washington to maintain a systematic process for review of unexpected deaths of children and for collection and evaluation of data regarding these deaths. The resulting knowledge will result in prevention strategies that will most likely save the lives of children in the future.



## ACKNOWLEDGEMENT

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## Endnotes

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